Rev. 7-1-2010

CEDTIFICATION OF SELE ASSESSMENT

	CERTIFICATION OF SELF ASSESSMENT
AGENCY N	AME: Northampton County Division of Social Services
I. DAY SHE Yes N/A No	ET TRAINING
≱ i□□	The agency provided Day Sheet training for all appropriate staff during this past fiscal year. If yes, indicate the total number of staff trained.
II. SINGLE	AUDIT
Yes N/A No	1. The agency was audited by an objective public accounting firm this past fiscal year?
X 🗆 🗆	 Does appropriate staff review findings from the previous years' single audit as preparation for the current year audit? If no please explain.
☆ □□	3. All findings and questioned costs from previous year's single audit have been appropriately resolved. If no please explain.
III. COMPL	JANCE WITH APPLICABLE CIVIL RIGHTS LAWS
Yes N/A No	1. Are program staff aware of requirements to comply with civil rights laws including Civil Rights Act of 1964, and the Americans with Disabilities Act?
X 🗆 🗆	Workshop dated 9/22/06) 2. Is annual training provided to appropriate staff to review civil rights laws and expectations for providing benefits and services in a nondiscriminatory manner?
≱ □□	Assurances; FNS Certification Manual Section 120.02 B) 3. Are required civil rights posters prominently displayed in the lobby/reception area(s) of the agency?
	(FNS Certification Manual Section 120.02 C; Dear
À □□	Director Letter PM-PC-03) 4. Are persons with Limited English Proficiency (LEP) provided the opportunity to obtain information from the agency both in person and by telephone?
⋈ □□	5. Does the agency have adequate staff and/or contracts in place to provide language interpretation to LEP customers when the need is identified? (Dear Director Letter PM-PC-02-2008)

OCT-28-2010	15:10 NORTHAMPTON CO. DSS	252 534 0061 P.02			
Rev. 7-1-2010 Yes N/A No	6. Does the agency have measures in place to communic hearing customers? (These may include sign language interpose NC Relay telephone connectivity.) (Dear Director Letter)	oreters, access to a TTY machine or			
(X) 🗆 🗆	Does the agency have in place a Limited English Pro	ficiency Plan?			
	8. Does the agency have the required non-discrimination developed form intended for and used by customers? (Dear Director Letter)	n statement on each locally			
III ADDITI					
	<u> </u>				
Yes N/A No	1. Has the agency undergone any other examination, me an external entity or by internal audit staff) during the past years, please indicate the name and date of the review.	ear?			
	 Has the agency undergone any reviews by the Division year? If yes, please indicate the name and date of the review. 				
(North Carolina The State of N Appropriate p	TY ACCESS FOR INFORMATION SYSTEMS Division of Social Services Information Security Manual) North Carolina's information and information systems are valual olicies and procedures, must be in place to protect all informations, theft, modification, destruction, and to prevent the unauth	tion assets from accidental or			
Control Activities / Information and Communication:					
Yes N/A No	1. When an employee changes positions within the ager position is revoked. This request must be completed via an unAuthorization Form (IRAAF).	ncy, system access for the prior pdated Information Resource Access			
X :	2. When an employee terminates employment for any request the CSC to terminate all accesses immediately. This updated Information Resource Access Authorization Form (request must be completed via an			
	3. The Agency Security Officer will review and docum for assigned security information systems. This review mus starting in FY beginning July 2009. Documentation of findi Appendix 13 of the Security Manual must be completed and Reports	t occur at least every six months ngs shall be kept for audit purposes.			
	2				

Rev. 7-1-2010

SYSTEM	REPORT NAME
Crisis Intervention Program (CIP)	In the CIP system, under the Reports
	Section, click on the County Staff Listing
	and select your county.
Central Registry	NCXPTR: DHRCYA CYA SECURITY
	REPORT
Eligibility Information System (EIS)	NCXPTR: DHREJA SECURITY REPORT
	BY COUNTY
Enterprise Program Integrity Control	NCXPTR: DHRFRD FRD440-1 ACTIVE
System (EPICS)	USERS
Employment Programs Information	NCXPTR: DHRWFJ SECURITY-
System (EPIS)	ACTIVE IDS
Foster Care and Adoptions	NCXPTR: DHRPQA SECURITY TABLE
	REPORT
Foster Care Facility Licensing	NCXPTR: DHRFCF FCF FCF900-1
System (FCFLS)	SECURITY REP
Food Stamp Information System	NCXPTR: DHRSLA RACF SECURITY
(FSIS)	COUNTY REPORT & DHRSLA RACF
	SECURITY REFERENCE (if needed)
Low Income Energy Assistance	NCXPTR: DHREPA LIEAP SECURITY
Program (LIEAP)	REPORT
Services Information System (SIS)	NCXPTR: DHRSYA SYA SECURITY
	REPORT

*		
---	--	--

4. The Agency Security Officer will review and document findings on the following two reports: DHRBDA DHHS RACF USERID REPORT, available in NCXPTR; and the WIRM REPORT PROD report, available via the WIRM portal (https://wirm.dhhs.state.nc.us). The "Local DSS System Access Control" form must be emailed to DSS.Security.Review.Manager@dhhs.nc.gov to document findings of these reviews. The reviews must be conducted monthly and documentation must be emailed to the Performance Management Section (at the email address above) by the 20th of each month, unless an alternative schedule is specified by the DHHS Privacy and Security Office and the Performance Management Section.

Please list dates Agency Security Officer completed the above listed Security Reviews.

May	2010

252 534 0061

P.04

gev. 7-1-2010

CERTIFICATION

I hereby certify that the	County Department of Social Services has on file				
a completed "Subrecipient Self-Assessment of Internal Controls and Risks" dated					
from the indicated responses on that document.					
Allengerth.	N. 10-28-10				
Signature, Agency Director	Date				